

Florida Department of Health in
St. Lucie County

Strategic Plan 2019-2021

January 1, 2019 – December 31, 2021



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Produced by

The Florida Department of Health in St. Lucie County

Strategic Planning Committee

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Ron DeSantis**

Governor

State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

March 30, 2020

Dear St. Lucie County Residents:

St. Lucie County residents and visitors benefit from public health programs every day. We strive to make sure our air quality, drinking water and swimming water are safe. We continue to offer safety programs for our children. We educate for the importance of immunizations to fight against disease. Besides immunizations, our clinic offers family planning and dental services. We continue our support in improving survival rates for newborns. We address the nation's epidemic in understanding how obesity will shorten the life expectancy of younger generations. And, while the incidence of HIV and AIDS, Tuberculosis and Sexually Transmitted Diseases remain high in our community, and too many residents are afflicted with preventable chronic diseases such as diabetes and hypertension, we continue to work with community and neighboring counties in combating these issues.

Public Health started in Florida Department of Health in St. Lucie County (DOH-St. Lucie) in 1947, with visiting nurses assisting the residents within the community. Our employees work together in the spirit of public service to prevent and resolve the significant health concerns that impact the community. They are also trained in emergency preparedness assisting the community with setting up special needs shelters during storms and special strike teams to help during events within St. Lucie County and with other counties.

There are many challenges facing DOH-St. Lucie, the state and the nation. These challenges include an aging population, emerging infectious and drug-resistant diseases and the threat of bioterrorism, to name a few. Given these challenges the reality is that DOH-St. Lucie cannot provide all the needed public health services to all people of the county alone. By collaborating effectively with partners in the community, we target the areas where we can play an effective role in improving public health and safety without duplicating the services of others.

The DOH-St. Lucie 2019-2021 Strategic Plan demonstrates our organization's mission, vision and priorities. We ensure our organization's resources will be utilized most effectively to meet the challenges we face as a community. We always welcome comments, feedback and suggestions from our stakeholders.

Sincerely,

Clint Sperber, Health Officer
Florida Department of Health
in St. Lucie County

Florida Department of Health- St. Lucie

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Mission, Vision and Values



Executive Summary

The Florida Department of Health in St. Lucie County (DOH-St. Lucie) initiated a new strategic planning process in January, 2019. The process involved various internal stakeholders including, Executive leadership, Strategy and Performance Improvement Leadership (SPIL), quality improvement teams and program owners, together creating a dedicated Strategic Planning Committee.

DOH-St. Lucie County approached the strategic planning process with a number of objectives in mind, including re-focusing efforts on core public health functions and ensuring the provision of essential public health services.

DOH-St. Lucie also sought to articulate what we plan to achieve as an organization, how we will achieve it, and how we will know if we have achieved it. Quarterly monitoring will take place (see appendix B). The DOH-St. Lucie Strategic Plan was developed to clarify the course and direction of the agency for consumers, employees, administrators and legislators seeking to understand the work of St. Lucie County public health. Our Strategic Plan is intended to position DOH-St. Lucie to operate as a sustainable local health office within Florida's integrated public health system, under current economic environment and to give our customers high quality public health services.

Our strategic planning process resulted in aligning with the State Health Office's strategic plan identifying four critical priorities. These strategic priorities represent the synthesis and integration of information, data, opinions, perceptions, and issues examined by the DOH-St. Lucie leadership team. DOH-St. Lucie's strategic priorities are:

1. Health Equity
2. Long, Healthy Life
3. Readiness for Emerging Health Threats
4. Effective Agency Processes

These priorities have guided the development of goals, strategies and objectives, and will help to shape decisions about resources and actions.

The result of the strategic planning process is a well-crafted roadmap that we will review and revise annually to meet emerging challenges and opportunities.

Background and Overview

Public health touches every aspect of our daily lives. By definition, public health aims to provide the maximum benefit for the largest number of people. It is what we do collectively to assure conditions in which people can be healthy. Public Health is a well-established science that has been in practice for hundreds of years. It is based upon the social, behavioral, environmental, biological and socioeconomic factors that impact population-wide health.

The over-arching goal of public health is to protect and improve the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. Through research, surveillance, and data analysis, we develop programs and policies that protect the health of the entire community.

Demographics

The Florida Department of Health in St. Lucie County serves a population of 291,028, projected to be 431,300 by 2030 (stluciero.gov demographic profile).

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. A key characteristic that sets St. Lucie County apart is the percentage of 45-64 baby boom population. As we continue forward the population will increase in this area bringing challenges in medical care, providers, facilities and support for an aging population. Some of the socioeconomic challenges we face in DOH-St. Lucie are unemployment, families under the poverty level and English speaking less than very well within a household. We also have a higher rate for communicable diseases and reduced health resources available within our county.

**Population by Age
St. Lucie County and Florida**

	County – 2018		State – 2018
Age Group	Total Number	Total Percentage	Total Percentage
< 5	15,771	5.2	5.4
5 - 14	34,440	11.3	11.1
15 - 24	33,316	10.9	11.8
25 - 44	68,092	22.3	25.1
Subtotal	151,619	49.7	53.4
45 - 64	81,172	26.6	26.5
65 - 74	39,587	13.0	11.1
> 74	32,365	10.6	8.9
Subtotal	153,124	50.2	46.5
Total	304,743	99.9	99.9

Source: U.S. Census Bureau and FloridaHealthCharts.com

Department of Health State of Florida

Bureau of Community Health Assessment
Division of Public Health Statistics and Performance
Management

County-State Profile St. Lucie County, Florida - 2018

Indicator	Measure	COUNTY			STATE		
		2010 - 2012	2013 - 2015	2016 - 2018	2010 - 2012	2013 - 2015	2016 - 2018
Socio-Demographics							
Total county population	3 year average	279,568	284,748	299,616	18,960,320	19,597,343	20,581,508
Population under 18 Years Old	3 year average	61,745	60,115	60,381	4,017,768	4,033,291	4,140,437
Population 18-64 Years Old	3 year average	161,153	161,893	169,087	11,616,673	11,911,770	12,372,845
Population 65+ Years Old	3 year average	56,670	62,740	70,148	3,325,879	3,652,283	4,068,226
Population - White	3 year average	212,846	214,491	223,957	14,907,566	15,292,837	15,962,290
Population - Black	3 year average	55,027	57,494	61,379	3,118,194	3,280,951	3,476,099
Population - Other	3 year average	11,695	12,763	14,280	934,561	1,023,555	1,143,119
Population - Hispanic	3 year average	46,740	49,363	55,215	4,301,408	4,638,157	5,163,985
Population - Non-Hispanic	3 year average	232,828	235,384	244,402	14,658,912	14,959,186	15,417,523
Individuals below poverty level	Percent, 5 year estimate	15.2	18.4	16.5	14.7	16.5	16.5
Civilian labor force which is unemployed	Percent, 5 year estimate	13.9	13.6	8.0	10.2	10.8	10.8
Deaths							
Age-Adjusted All Causes 3-Year Death Rate	Age-adjusted Death Rate	676.4	677.1	686.5	685.4	678.2	684.6
All Causes Years of Potential Life Lost Under 75	Rate per 100,000 Population < 75	7,517.0	7,809.8	8,579.2	7,305.5	7,365.6	7,848.4
Total Tobacco-Related Cancer Deaths to Persons 35 and Over	Rate per 100,000 Population > 35	190.3	198.1	191.3	173.8	170.9	163.8
Chronic Diseases							
Age-Adjusted Coronary Heart Disease 3-Year Death Rate	Age-adjusted Death Rate	92.6	98.5	95.3	105.9	98.3	93.4
Age-Adjusted Stroke 3-Year Death Rate	Age-adjusted Death Rate	31.7	34.1	37.3	31.7	34.3	39.7
Age-Adjusted Diabetes 3-Year Death Rate	Age-adjusted Death Rate	20.4	17.2	22.3	19.7	19.4	20.4
Age-Adjusted 3-Year Hospitalization Rate From Amputation of a Lower Extremity Attributable to Diabetes	Age-adjusted Hospitalization Rate	28.6	24.1	33.6	25.3	29.4	35.5
Cancer							
Age-Adjusted Breast Cancer 3-Year Incidence Rate	Age-adjusted Incidence Rate	100.9	112.1		114.4	118.6	
Advanced Stage Breast Cancer at Diagnosis	Percent	33.7	35.3		34.5	33.1	
Age-Adjusted Cervical Cancer 3-Year Incidence Rate	Age-adjusted Incidence Rate	7.8	8.0		8.6	8.5	

Indicator	Measure	COUNTY			STATE		
		2010 - 2012	2013 - 2015	2016 - 2018	2010 - 2012	2013 - 2015	2016 - 2018
Advanced Stage Cervical Cancer at Diagnosis	Percent	61.1	60.0		54.0	54.4	
Age-Adjusted Colorectal Cancer 3-Year Incidence Rate	Age-adjusted Incidence Rate	33.5	31.7		37.2	36.6	
Injuries							
Age-Adjusted Unintentional Injury 3-Year Death Rate	Age-adjusted Death Rate	40.9	42.8	60.8	40.5	41.8	55.2
Age-Adjusted Unintentional Poisoning 3-Year Death Rate	Age-adjusted Death Rate	14.1	14.0	30.9	12.4	12.1	22.7
Reportable and Infectious Diseases							
HIV/AIDS							
Age-Adjusted HIV/AIDS 3-Year Death Rate	Age-adjusted Death Rate	5.9	5.2	3.2	5.0	4.2	3.3
AIDS Cases	Rate Per 100,000 Population	27.4	13.5	6.9	15.9	12.2	9.8
Sexually Transmitted Diseases							
Chlamydia Cases	Rate Per 100,000 Population	354.0	355.2	398.4	402.0	433.0	485.5
Gonorrhea Cases	Rate Per 100,000 Population	87.5	80.9	90.4	104.5	111.9	149.9
Infectious Syphilis Cases	Rate Per 100,000 Population	2.5	2.5	8.5	6.7	9.1	12.4
Bacterial STDs (Women 15-34)	Rate Per 100,000 Females 15-34	2,558.9	2,391.7	2,588.2	2,594.0	2,649.1	2,895.2
Congenital Syphilis Cases (SE)	Count of Cases	1	3	2	97	121	261
Tuberculosis							
Tuberculosis Cases	Rate Per 100,000 Population	5.6	2.9	2.4	4.0	3.1	2.9
Enteric, Food, and Waterborne Diseases							
Campylobacteriosis	Count of Cases	47	77	188	5,214	7,573	12,309
Cryptosporidiosis	Count of Cases	33	25	25	1,315	3,170	1,724
Cyclosporiasis	Count of Cases	4	2	4	146	112	226
Giardiasis, acute	Count of Cases	46	27	32	4,489	3,317	3,230
Hepatitis A	Count of Cases	5	4	3	406	362	946
Legionellosis	Count of Cases	4	13	19	570	836	1,259
Listeriosis	Count of Cases	1	3	1	125	132	144
Salmonellosis	Count of Cases	256	286	324	18,728	18,076	19,402
Shiga toxin-producing Escherichia coli (STEC) infection	Count of Cases	2	8	15	281	373	1,095
Shigellosis	Count of Cases	203	45	18	5,549	5,151	3,570
Vibriosis (excluding cholera)	Count of Cases	6	11	9	432	553	703
Percentage of Low Income Persons with Access to Dental Care	Percent of Persons Below Poverty						

Indicator	Measure	COUNTY			FLORIDA		
		2010-2012	2013-2015	2016-2018	2010-2012	2013-2015	2016-2018
Maternal and Child Health							
Infant Mortality							
Total Infant Mortality Rate	Rate Per 1,000 Live Births	5.7	5.4	4.6	6.3	6.1	6.1
White Infant Mortality Rate	Rate Per 1,000 White Live Births	3.6	2.3	3.0	4.7	4.5	4.3
Black and Other Infant Mortality Rate	Rate Per 1,000 Black and Other Live Births	9.9	11.7	8.0	10.5	10.4	10.4
Prenatal Care							
Births With First Trimester Prenatal Care	Percent of Births With Known PNC Status	72.4	73.0	70.2	79.9	79.5	77.4
Low Birth Weight							
Live Births Under 2500 Grams	Percent of Live Births	9.1	8.0	8.9	8.7	8.6	8.7
White Live Births Under 2500 Grams	Percent of White Live Births	7.4	6.3	7.3	7.2	7.2	7.2
Black and Other Live Births Under 2500 Grams	Percent of Black and Other Live Births	12.5	11.5	12.2	12.3	12.2	12.6
Preterm with Low Birth Weight	Percent	6.3	5.8	5.9	6.1	6.0	6.0
Births to Teen Mothers							
Number of Births to Females Ages 10-14 (SE)	Count of Births	5	6	6	636	436	320
Number of Births Per 1,000 Females Ages 10-14	Rate Per 1,000 Females 10-14	0.2	0.2	0.2	0.4	0.3	0.2
Number of Births Per 1,000 Females Ages 15-18	Rate Per 1,000 Females 15-18	21.1	14.7	11.1	20.6	15.1	11.9
Repeat Births to Mothers Ages 15-19	Percent of Births 15-19	17.8	15.6	11.5	17.4	16.2	15.4
Vaccine Preventable Diseases							
Diphtheria	Count of Cases	0	0	0	0	0	0
Haemophilus influenzae in people <5	Count of Cases	0	1	1	79	91	115
Hepatitis B, acute	Count of Cases	18	26	54	842	1,302	2,237
Hepatitis B, acute in people <19	Count of Cases	0	0	0	7	3	9
Hepatitis B, chronic	Count of Cases	162	187	218	12,724	14,012	14,662
Measles (rubeola)	Count of Cases	0	2	0	9	12	23
Measles in people <5	Count of Cases	0	0	0	3	1	10
Meningococcal disease	Count of Cases	2	0	0	156	131	57
Meningococcal disease in people <24	Count of Cases	0	0	0	55	46	16
Mumps	Count of Cases	1	0	1	26	12	145
Pertussis	Count of Cases	7	14	4	1,215	1,790	1,018
Poliomyelitis	Count of Cases	0	0	0	0	0	0

Rubella	Count of Cases	0	0	0	0	0	1
Streptococcus pneumoniae in people <6	Count of Cases	13	11	3	468	279	205
Tetanus	Count of Cases	0	0	0	12	11	8
Varicella	Count of Cases	56	49	43	2,653	1,969	2,242

Data Note(s):

All population -based rates are calculated using July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research.

Census Civilian labor force which is unemployed is the American Communities 5 -year estimate. For this indicator, the column labeled with a three year range displays estimates for a five year period (ex. 2013-15 is actually 2011-2015).

Census Population Below Poverty Level is the American Communities 5-year estimate. For this indicator, the column labeled with a three year range displays estimates for a five year period (ex. 2013-15 is actually 2011-2015).

(SE) - Sentinel Event

Blanks indicate that data is not available for the specified time period.

Data Sources

Births and Deaths - Florida Department of Health, Bureau of Vital Statistics

Hospitalizations - Florida Agency for Health Care Administration (AHCA)

Cancer Incidence - University of Miami (FL) Medical School, Florida Cancer Data System

Reportable and Infectious Diseases - Florida Department of Health, Bureau of Communicable Diseases

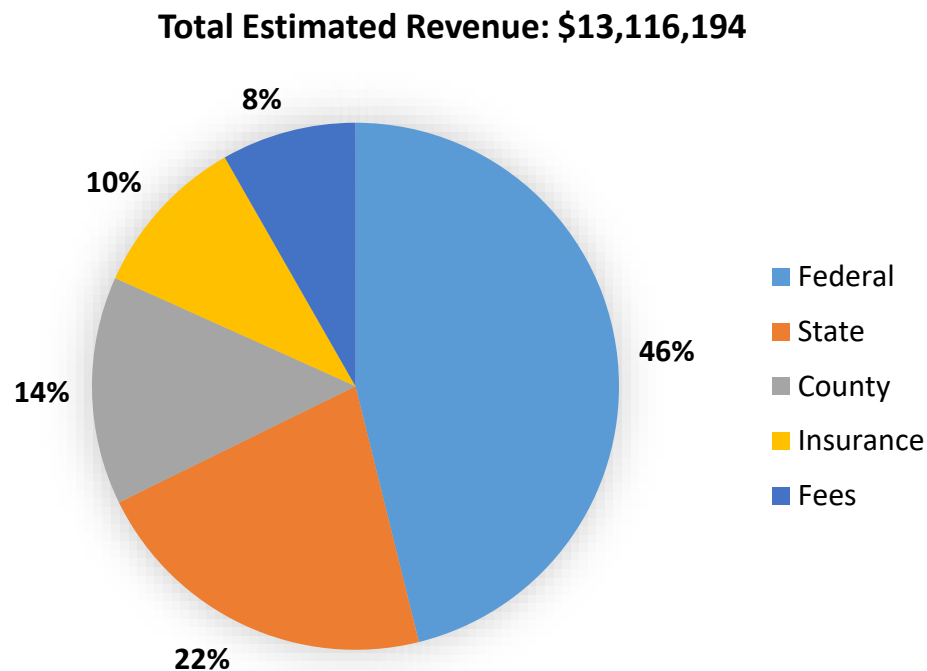
Reportable Diseases - Florida Department of Health, Bureau of Epidemiology

Background and Overview

Budget and Revenue

Florida Department of Health in St. Lucie County financial resources are provided through multiple sources. These include fees, grants, and budget allocations from the county, state and federal governments. The FDOH-St. Lucie's greatest concern continues to be decreases in funding, especially with a projected 18% increase in county population by 2025. Since 2007, the FDOH-St. Lucie has been cut by 29% in state funding and 20% in county funding with no means to offset the reductions. Over the ten-year period, the county's population increased 12% while our overall budget decreased 11%. The Florida Department of Health's Bureau of HIV/AIDS asked us to manage the \$2.7 million Ryan White Part B federal grant for Florida's Area 15 HIV/AIDS Partnership (Indian River, Martin, Okeechobee, and St. Lucie counties). This federal grant, representing 47% of FDOH-St. Lucie's total federal funding, was managed by a different organization and should not be viewed as an increase in federal funding.

**The Florida Department of Health in St. Lucie County
Revenue Percentage by Source
Fiscal Year 2018-2019**



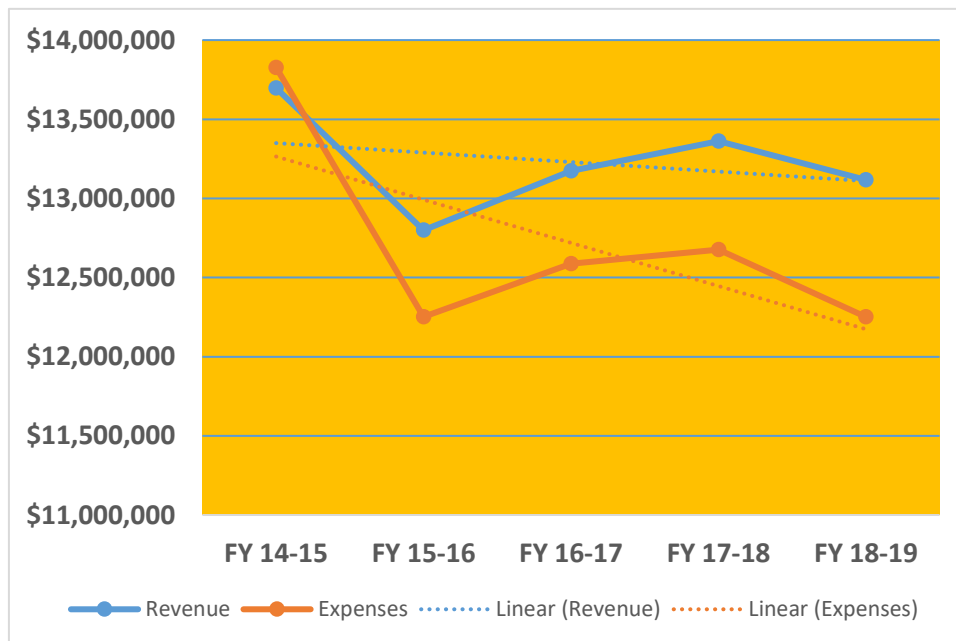
Source: Florida Department of Health's Financial & Information Reporting System

Background and Overview

Budget and Revenue

Some of the changes affecting our services and programs include the advent of Statewide Managed Medicaid, state and federal cuts to the Florida Department of Health in St. Lucie County. The graph below represents our revenue and expense relationship over the past five years. The corresponding dashed lines represent the moving average of these values, which levels out fluctuations in data and shows the pattern or trend more clearly.

**The Florida Department of Health in St. Lucie County
Revenue and Expenses 2015 – 2019**



Source: Florida Department of Health's Financial & Information Reporting System

Background and Overview

Programs and Services

Some of the most effective strategies for improving public health include policies and programs that shape the environment and create opportunities for healthier behaviors. This is the basis for Florida Department of Health in St. Lucie County's commitment to providing the highest standards of public health through the following core functions and services:

Environmental Health

We protect the health of the community by monitoring and regulating environmental activities that may contribute to the occurrence or transmission of disease by ensuring safe drinking water, safe food, proper sewage disposal, clean swimming pools, complaint investigations and enforcement of public health laws.

Communicable Disease Control

We protect the health of the community through the surveillance, monitoring, and prevention of infectious and communicable diseases. Activities include investigating contagious disease cases and outbreaks, sexually transmitted infections detection and control, AIDS/HIV treatment and education, immunizations, and tuberculosis (TB) control.

Public Health Preparedness

We collaborated with the local healthcare system, emergency management, government and the community on preparedness and response to natural and man-made disasters. The preparedness effort focuses on developing critical capabilities necessary for an effective disaster response to keep the community safe and minimize loss. Serve as lead Emergency Support Function 8 Health and Medical (ESF8).

Community Health

We plan and implement programs to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships. The Healthy St. Lucie Coalition seeks to bring diverse organizations and individuals together to improve the well-being of St. Lucie County residents. Healthy St. Lucie promotes health where we live, learn, work, and play. The Safe Kids Coalition of St. Lucie County working to reduce the unintentional injury rate for children ages 0-19. The Tobacco Prevention Program works to educate, prevent and advocate for reduction of tobacco use in order to create a tobacco-free atmosphere throughout St. Lucie County.

WIC (Women, Infants & Children) is a nutrition program for women who are pregnant, breastfeeding or who have recently been pregnant, infants & children under age 5. WIC provides healthy foods, nutrition education and counseling, breastfeeding support, referrals to health care and community services.

School Health

We collaborate with the local school boards to improve student health by offering immunizations, vision and hearing screenings, and tracking of physical development in all children. BMI are tracking of physical development. We do case management of children with health

conditions, communicable disease control and monitoring, training of school health staff on emergency medication administration and health education to prevent disease in our youngest citizens. Collaborate with HANDS pediatric dental program in providing dental screenings, sealants and education to students.

Vital Statistics

We maintain Florida birth and death records locally and are able to assist with birth, death, marriage and divorce records for all fifty states. Using data collected by our office, we are able to assist the state with tracking causes of morbidity and mortality—two main indicators of health status.

Clinic Family Planning Services

We offer education and counseling to help women plan their families and improve their reproductive health and birth outcomes.

This includes: Annual Pap Exams, counseling of Family Planning methods, offer birth control for women to include: oral contraceptives, Depo-Provera injection,

female condoms, sterilization, birth control for men to include: condoms and sterilization, examination and testing for sexually transmitted disease such as HIV, Syphilis, Gonorrhea, and Chlamydia.

We provide services for moms and babies through the mission of the Healthy Start program to improve birth outcomes by ensuring that all services needed to maintain a state of well-being are available and accessible to pregnant women, infants and children up to age three.

We also offer services for Pediatrics, immunizations and refugee programs. TEEN ZONE is a reproductive health clinic for males and females age 13-19. Our mission is to reduce teen pregnancy and STD transmission through education and reproductive health care services. We provide free pregnancy testing, health education, STD/HIV testing, STD treatment, contraceptives, and case management.

SWOT Analysis

Strengths, Weakness, Opportunities and Threats (SWOT) Analysis*

Strengths (Internal)

Area infrastructure:

- Area wide network system of providers to service STD and HIV infected individuals through Surveillance, Prevention, and Patient Care services

Capacity:

- Strong community partnerships
- Use of evidence-based programs for Community Health and Health Education services
- Multiple funding streams to provide resources to programs

Emerging Trends:

- Use of Technology and Data Resources to help guide decision-making

Opportunities (External)

Area Infrastructure:

- Increase partnering with local and state government agencies and non-profits to conduct population health activities, especially in vulnerable segments of the population

- Common Good Initiative: Work with Allegany Franciscan Ministries to focus on common priorities identified through the Lincoln Park Common Good Initiative

Emerging Trends:

- Integrating Health Equity Knowledge and Actions and incorporating social determinants of health as we address issues related to food insecurity, family supports, community infrastructure, housing, and violence.

Weaknesses (Internal)

Capacity:

- Grant-writing for other sources of funding
- Cross-program training for all staff
- Lack of funding for needed School health programs
- Coding systems, CareWare

Threats or Challenges (External)

Emerging Trends:

- Budget cuts and losses of public health jobs
- Opioid Use Epidemic
- Environmental Health issues like water safety and algal blooms
- Increasing work in addressing population health and factors driving social determinants of health

*See Appendix B for a description of the SWOT process

Priorities

Priority 1: Health Equity

Goal:

Ensure communities in St. Lucie County will have opportunities to achieve healthier outcomes

Strategies:

1. Prevention of infant mortality through increasing breastfeeding rates and infant mortality case reviews
2. Eliminate health gaps between different communities
3. Address agency capacity building on health equity

Priority 3: Readiness for Emerging Health Threats

Goal: Demonstrate readiness for emerging health threats

Strategies:

1. Increase vaccination rates for children and teens
2. Decrease inhaled nicotine use among children and adults
3. Investigate and respond to cases, outbreaks and other public health events

Priority 2: Long, Healthy Life

Goal: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups

Strategies:

1. Increase the healthy weight of children
2. Reduce injury
3. Reduce HIV incidence

Priority 4: Effective Agency Processes

Goal: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology

Strategies:

1. Produce a workforce development plan
2. Ensure balanced operational budgets
3. Increase HR efficiencies

Strategies and Objectives

Priority 1: Health Equity

Goal: Ensure communities in St. Lucie County will have opportunities to achieve healthier outcomes

Strategies	Objectives
1.1 Increase number of WIC infants who are ever breastfed through the WIC local agency efforts (working with prenatal and breastfeeding high-risk, vulnerable women and their infants) and CHD initiatives (working with Healthy Start, prenatal care providers and local hospitals in the community to promote and support breastfeeding) impact this measure.	1.1.1 By December 31, 2021 increase percentage of WIC infants who are ever breastfed from 78.80% (2017) to 79.80% target.
1.2 Reduce racial disparity in infant mortality by case reviews of mortality and root cause analysis. Infant mortality and the infant mortality rate reflect the health and well-being of the population's women of reproductive age and their infants as well as the quality of the health care available. Infant mortality information is used by local governments and organizations to identify areas in need and designate available resources.	1.2.1 By December 31, 2021 reduce the three-year rolling average of black infant mortality rate by 20% from 9.5 (2015- 2017) to 7.6 (2016-2018) per 1,000 live births.
1.3 Reduce the number of births to mothers with no pre-natal care through the Infant Mortality Action Plan	1.3.1 By December 31, 2021 reduce the rate of births to mothers with no prenatal care by 20% from 3.60 (2017) to the state rate of 2.8 per 1,000 births.
1.4 Prevent repeat teen pregnancy in blacks. Teen pregnancies are inherently high risk, and the prevention of a teen birth is critically important for the well-being of the teen and her future successes. The prevention of initial or repeat births to teens is a Family Planning program objective and aligns with the 2014 Title X	1.4.1 By December 31, 2021 reduce the rate of repeat Black teenage pregnancy by 20% from 12.9 (2017) to 10.3 births per 1000 births.

Program priorities and key issues. Teen Zone provides reproductive health education and services to teens 15-20 years old.	
	1.4.2 By December 31, 2021, increase the percentage teen CHD family planning clients who adopt an effective or higher method of birth control from 87.34% (2017) to 88%.
1.5 Reduce Low Birth Weight through the Infant Mortality Action Plan.	1.5.1 By December 31, 2021 reduce the percentage of babies born with low birth weight from 8.60% (2017) to 7.8%.

Priority 2: Long, Healthy Life

Goal: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups

Strategies	Objectives
2.1 Prevent chronic diseases through community partnerships. Tobacco, obesity, sedentary lifestyle and poor nutrition are risk factors for numerous chronic diseases, and they exacerbate other diseases, including heart disease, hypertension, asthma and arthritis.	2.1.1 By December 31, 2021 Healthy St. Lucie, Inc. will increase the implementation of goals and objectives for the County Health Assessment and Community Health Improvement Plan from 50% (2017) to 100%
2.2 Reduce HIV prevalence by implementing the HIV comprehensive plan	<p>2.2.1 By October 31, 2021, implementation of the State and Area 15 HIV Partnership Integrated Strategic Plan for prevention and patient care of People Living with HIV will increase from 50% (2017) to 100%</p> <p>2.2.2 By December 31, 2021 reduce the incidence of new HIV positive diagnoses by 10% from 22 per 100,000 (2017) to 17.6 per 100,000.</p> <p>2.2.3 By December 31, 2021 increase the percentage of new HIV positives with documentation of linkage to medical care within 90 days of diagnosis from 86.2% (2017) to 90%.</p> <p>2.2.4 By December 31, 2021 decrease the HIV resident death rate per 100,000 in Blacks by 20% from 12.2 (2017) to 9.7.</p>
2.3 Effective TB case management	2.3.1 Increase the percentage of TB cases with a documented HIV test result from 86% (2017) to 100%.

	2.3.2 By December 31, 2021, increase the percentage of sputum-smear positive TB patients that initiate treatment within 7 days of specimen collection from 86% (2016) to 100%.
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Priority 3: Readiness for Emerging Health Threats

Goal: Demonstrate readiness for emerging health threats

Strategies	Objectives
3.1 Vaccinate children through the Immunization Clinic at FDOH-St. Lucie	<p>3.1.1 By December 31, 2021, increase the percentage of 2-year-old CHD clients fully immunized from 91% (2019) to 95%.</p> <p>3.1.2 By December 31, 2021, increase the assessment level of CHD Immunization Coverage (Calendar Year) for 2 year old clients from 90.8 (2019) to greater than 95%.</p>
3.2 Prevent the spread of communicable diseases	3.2.1 By December 31, 2021 increase percent of CHD STD cases treated according to the most recent STD guidelines within 14 days of diagnosis from 87% (2017) to 90%.
3.3 Increase the Composite Annual Preparedness Score	3.3.1 By December 31, 2021 the Composite Annual Preparedness Score will be achieved at 5.0.
3.4 Assure the effectiveness of Environmental Health Programs	3.4.1 By December 31, 2021, increase evaluation results of program reviews to Onsite Sewage, Community Programs, Water Programs, and Environmental Health Leadership from 94.5% (2017) to 100%.
3.5 Increase employees' core competencies for emergency preparedness and response to emerging health threats	3.5.1 By December 31, 2021, sustain the percentage of employees that receive mandatory training from 100% (2017) to 100%.
3.6 Effectively respond to health threats from emerging infectious diseases	3.6.1 By December 31, 2020, increase the percentage of staff trained in contact tracing from 2.1% (1/2020) to 20%

Priority 4: Effective Agency Processes

Goal: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology

Strategies	Objectives
4.1 Increase the percentage of employees with complete Individual Development Plan	4.1.1 By December 31, 2021, increase the percentage of employees who have participated in one or more professional development opportunities from 30% (2017) to 50%.
4.2 Increase employee satisfaction	<p>4.2.1 By December 31, 2021, increase employee satisfaction score from a mean of 3.85 (2016) to above 4.</p> <p>4.2.2 By December 31, 2021, increase the employee survey for overall employment satisfaction on leadership opportunities score from a mean of 3.3 (2016) to above 4.</p>
4.3 Reduce the rate of worker's compensation incidents per 100 employees	4.3.1 By December 31, 2021, reduce the rate of worker's compensation incidents per 100 employees from 3.3 (2017) to 2.6.
4.4 Assure management of Schedule C Process for Budget Allocation	<p>4.4.2 By June 30, 2021, management of schedule C OCA cash balances: Federal funds-zero balance 60 days after grant period ends will meet the state target of 100%.</p> <p>4.4.3 By June 30, 2021 management of Schedule C OCA cash balances: State General Revenue and Trust funds – no negative cash balance will meet state's target of 100%</p>
4.5 Assure Employee Activity Records completed accurately and timely	4.5.1 By June 30, 2021, increase the percentage of supervisors and employees in all programs and services who certify the accuracy of time recorded on Employee Activity Records within 7 calendar days of end of pay period from 95% (2017) to 100%.
4.6 Document customer satisfaction complaints	<p>4.6.1 By December 31, 2021, increase the percentage of documented customer complaints acknowledged by the end of next business day from 81% (2017) to 100%.</p> <p>4.6.2 By December 31, 2021, increase the percentage of programs and services who scored satisfactory or better on completed customer satisfaction surveys from 96% (2017) to 100%</p>

Appendix A

The Florida Department of Health in [St. Lucie County](#) County Strategic Planning Committee Members as of March 31, 2019

Executive Leadership

Clint Sperber, Administrator

Angela Roberson, Nursing Director

Kimberly Kossler, Director of Communicable Diseases

Daniel Buchin Chief Financial Officer

Edgar Morales, Planner

Carolyn Roscoe, Human Resources Manager

Arlease Hall, Director of Communications

David Koerner, Environmental Health Director

Appendix B

Planning Summary

Florida Department of Health in **St. Lucie** County's Performance Management Council, made up of leadership, Quality Improvement Liaison and planners, oversaw the development of the Strategic Plan.

The following is the Strategic Plan Schedule of Meetings:

MEETING DATE	MEETING TOPIC
February 12, 2019	Establish timeline for strategic plan development
March 15, 2019	SWOT Analysis
March 21, 2019	Develop strategic issue areas and goals for
April 15, 2019	Discuss and modify draft plan
May 1, 2019	Discuss and modify draft plan
May 7, 2019	Review final draft of plan goals and objectives
September 29, 2019	Revisions for some objectives

The SWOT analysis is a summary of staff's answers to a questionnaire asking what strengths, weaknesses, opportunities, and challenges they perceive they have in the various programs of the Department. Data was used from the Community Health Profile, the Community Health Improvement Plan, the Employee Satisfaction Survey, and customer satisfaction data, and financial data.

Staff presented their environmental scan to the performance management council, who reviewed the findings and had a facilitated discussion of agency strengths, weaknesses, opportunities and threats (SWOT analysis) based on these findings. The discussion included consideration of infrastructure and capacity required for efficiency and effectiveness, including information management, communication (including branding), workforce development and financial sustainability.

Performance management council members then used the SWOT analysis and the agency mission, vision and values to choose priorities and goals. The final strategic issue areas are: health equity, long life expectancy, emergency preparedness, and effective agency processes. Staff then worked with program managers and their staff to write and revise strategies and

objectives for each goal area, which were then routed back to the performance management council for comment and approval.

Monitoring Summary

The St. Lucie County Performance Management Council is responsible for measuring, monitoring and reporting of progress on the goals and objectives of the Strategic Plan, the members of which will monitor the Strategic Plan through monthly executive management meetings, where the Strategic Plan will be a standing agenda item. On a quarterly basis, the St. Lucie County Performance Management Council will review quarterly Strategic Plan Tracking Reports, showing progress toward goals, and annually, a Strategic Plan Progress Report, assessing progress toward reaching goals and objectives and achievements for the year. We will revise the Strategic Plan annually, based on an assessment of availability of resources and data, community readiness, the current progress and the alignment of goals.



Appendix C

Stakeholder Engagement

The Florida Department of Health in St. Lucie County has been working diligently to maintain transparency throughout the Strategic planning process. Several key personnel have engaged community stakeholders through numerous channels. Some key activities include discussions and/or surveys with engaged members of Healthy in St. Lucie Meetings, St. Lucie Roundtable Meetings, School Health, Healthy Start, WIC, Emergency Preparedness County, Regional, Region Area STD, TB and HIV, as well as with St. Lucie Commissioners.

Topics covered: Issue 1 Moms and Babies- Teen Pregnancy, Infant Mortality, Tobacco cessation, obesity, Issue 2 Long, Healthy Life- Infant Mortality, Tobacco, Obesity, Dropout prevention, academic success, Youth Substance Abuse Prevention, delinquency prevention, violence prevention. Priority risk factors that have been set for the Roundtable through the Communities that Care Operating System are: Community Laws and Norms Favorable to Problem Behaviors. Additional topics engaged with community partners: Community Disorganization, Poor Family Management, Family Conflict, and Early Initiation of the Problem Behavior.

Appendix D

Alignment and Work Plan

Priority:

Health Equity

Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Agency Strategic Plan Alignment	Due Date	Responsibility
1.1.1 By December 31, 2021 increase percentage of WIC infants who are ever breastfed from 78.80% (2017) to 79.80% target.	78.80%	79.80 %	Yes	--	ASP goal 2.1	December 31, 2021	WIC Program
1.2.1 By December 31, 2021 reduce the three-year rolling average of black infant mortality rate by 20% from 9.5 (2015- 2017) to 7.6 (2016-2018) per 1,000 live births.	9.5 per 1000 live births	7.6 per 1,000 live births	--	--	ASP goal 1.1	December 31, 2021	Healthy Start Program
1.3.1 By December 31, 2021 reduce the rate of births to mothers with no prenatal care by 20% from 3.60 (2017) to the state rate of 2.8 per 1,000 births.	3.6 per 1000 births in	State rate of 2.8 per 1000 births	--	--	ASP goal 1.1	December 31, 2021	Healthy Start Program
1.4.1 By December 31, 2021 reduce the rate of repeat Black teenage pregnancy by 20% from 12.9 (2017) to 10.3 births per 1000 births.	12.9 births per 1000	10.3 births per 1000.	--	--	ASP goal 1.1	12/31/2021	Teen Zone and Healthy Start programs

1.4.2 By December 31, 2021, increase the percentage teen CHD family planning clients who adopt an effective or higher method of birth control from 87.34% (2017) to 88%.	87.3% in 2014.	88%	--	--	ASP goal 1.1	December 31, 2021	Healthy Start Program
1.5.1 By December 31, 2021 reduce the percentage of babies born with low birth weight from 8.60% (2017) to 7.8%.	8.6% in 2014	7.8%	--	--	ASP goal 1.1	December 31, 2021	Healthy Start Program

Strategic Issue Area: Long, Healthy Life

Goal 2: Increase Life Expectancy

Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Agency Strategic Plan Alignment	Due Date	Responsibility
2.1.1 By December 31, 2021 Healthy St. Lucie, Inc. will increase the implementation of goals and objectives for the County Health Assessment and Community Health Improvement Plan from 50% (2017) to 100%	50%	100%	Yes		ASP goal 2.1	December 31, 2020	Health Education Team

2.2.1 By October 31, 2021, implementation of the State and Area 15 HIV Partnership Integrated Strategic Plan for prevention and patient care of People Living with HIV will increase from 50% (2017) to 100%	50%	100%	--	--	ASP goal 2.1	October 31, 2021	Communicable Disease
2.2.2 By December 31, 2021 increase the percentage of new HIV positives with documentation of linkage to medical care within 90 days of diagnosis from 86.2% (2017) to 90%.	86.2%	90%.	--	--	ASP 2.1	December 31, 2021	Communicable Disease
2.2.3 By December 31, 2021 decrease the HIV infection diagnosis case rate per 100,000 by 20% from 22.0 (2017) to 17.6.	22	17.6	--	--	ASP 2.1	December 31, 2021	Communicable Disease
2.2.5 By December 31, 2021 decrease the HIV resident death rate per 100,000 in Blacks by 20% from 12.2 (2017) to 9.7.	12.2	9.7	--	--	ASP 2.1	December 31, 2021	Communicable Disease

2.3.1 By December 31, 2021, increase the percentage of sputum-smear positive TB patients that initiate treatment within 7 days of specimen collection from 86% (2016) to 100%.	86%	100%	--	--	ASP 2.1	December 31, 2021	Communicable Disease
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Strategic Issue Area: Readiness for Emerging Health Threats

Goal 3: Demonstrate readiness for emerging health threats

Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Agency Strategic Plan Alignment	Due Date	Responsibility
3.1.1 By December 31, 2021, increase the assessment level of CHD Immunization Coverage (Calendar Year) for 2 year old clients from 90.8 (2019) to greater than 95%.	90.8%	>95%.	--	--	ASP goal 3.1	December 31, 2021	Immunization Program
3.2.1 By December 31, 2021 increase percent of CHD STD cases treated according to the most recent STD guidelines within 14 days of diagnosis from 87% (2017) to 90%.	87%	90%.	--	--	ASP goal 3.1	December 31, 2021	Communicable Disease

3.3.1 By December 31, 2021 the Composite Annual Preparedness Score will be achieved at 5.0.	4.86	5.0	--	--	ASP Goal 3.1	December 31, 2021	Emergency Preparedness Program
3.4.1 By December 31, 2021, increase evaluation results of program reviews to Onsite Sewage, Community Programs, Water Programs, and Environmental Health Leadership from 94.5% (2017) to 100%.	94.5%	100%	--	--	ASP Goal 3.1	December 31, 2021	Environmental Health Program
3.5.1 By December 31, 2021, sustain the percentage of employees that receive mandatory training from 100% (2017) to 100%.	100%	100%	--	--	ASP Goal 3.1	December 31, 2020	HR and Workforce Development
3.6.1 By December 31, 2020, increase the percentage of staff trained in contact tracing from 2.1% (1/2020) to 20%	2.1%	20%			ASP 3.1.9D	December 31, 2020	Emergency Preparedness Program

Strategic Issue Area: Effective Agency Processes

Goal 4: Effective Agency Processes

Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Agency Strategic Plan Alignment	Due Date	Responsibility
4.1.1 By December 31, 2021, increase the percentage of employees who have participated in one or more professional development opportunities from 30% (2017) to 50%.	30%	50%	- -	QI Project	ASP goal 4.2.b	December 31, 2020	HR and Training Team
4.2.1 By December 31, 2021, increase employee satisfaction score from a mean of 3.85 (2016) to above 4.	3.85	4	- -	QI Project	ASP goal 4.2.a	December 31, 2020	HR and Training Team
4.2.2 By December 31, 2021, increase the employee survey for overall employment satisfaction on leadership opportunities score from a mean of 3.3 (2016) to above 4.	3.3	4	- -	QI Project- -	ASP goal 4.2.b	December 31, 2020	HR and Training Team
4.3.1 By December 31, 2021, reduce the rate of worker's compensation incidents per 100 employees from 3.3 (2017) to 2.6.	3.3%	2.6%	- -	- -	ASP Goal 4.1	December 31, 2021	HR

4.4.2 By June 30, 2021, management of schedule C OCA cash balances: Federal funds-zero balance 60 days after grant period ends will meet the state target of 100%.	100%	100%	- -	- -	ASP Goal 4.1	June 30, 2021	Finance
4.4.3 June 30, 2021 management of Schedule C OCA cash balances: State General Revenue and Trust funds – no negative cash balance will meet state's target of 100%	100%	100%	- -	- -	ASP Goal 4.1	June 30, 2021	Finance
4.5.1 By June 30, 2021, increase the percentage of supervisors and employees in all programs and services who certify the accuracy of time recorded on Employee Activity Records within 7 calendar days of end of pay period from 95% (2017) to 100%.	95%	100%	- -	- -	ASP Goal 4.1	June 30, 2021	Administration

4.6.1 By December 31, 2021, increase the percentage of documented customer complaints acknowledged by the end of next business day from 81% (2017) to 100%.	81%	100%	- -	- -	ASP Goal 4.1	December 31, 2021	HR
4.6.2 By December 31, 2021, increase the percentage of programs and services who scored satisfactory or better on completed customer satisfaction surveys from 96% (2017) to 100%	96%	100%	- -	- -	ASP Goal 4.1	December 31, 2021	HR

Source of data for baseline measures: Florida Community Health Assessment Resource Tool Set (CHARTS), Florida Department of Health

Appendix E

Glossary

Baseline Data

Existing data that show current level of the indicator you are seeking to improve. Baseline data are used to determine the quantitative level for success and indicates how much change will occur if the desired outcome is achieved.

Goal

Long-range outcome statements that are broad enough to guide the agency's programs, administrative, financial and governance functions (Allison & Kaye, 2005).

Objective

Short to intermediate outcome statements that are specifically tied to the strategy and goal. Objectives are clear and measurable.

Measure of change, in what, by whom, by when

Strategy

The approach you take to achieve a goal.

SWOT Analysis

A structured planning method used to evaluate the strengths, weaknesses, opportunities and threats involved in your agency.

- **Strengths:** characteristics of your agency that give it an advantage.
- **Weaknesses:** characteristics that place the agency at a disadvantage.
- **Opportunities:** outside elements that the agency could use to its advantage.
- **Threats:** elements in the environment that could cause trouble for the agency.

Target

Measurable and time specific target for achieving objectives.

Summary of Revisions

On Date of Review, the CHD or Division Name Performance Management Council conducted an annual review of the strategic plan. The council discussed progress achieved and obstacles encountered for each objective.

The table below depicts revisions to objectives from the Date of Review review. Strikethrough indicates deleted text and underline indicates added text.

Date of Review225 Revisions		
Objective Number	Revisions to Objective	Rationale for Revisions
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision

As subsequent revisions occur, add additional paragraphs and tables for each review.

Summary of Revisions

On September 29, 2020, the St. Lucie CHD Performance Management Council conducted an annual review of the strategic plan. The council discussed progress achieved and obstacles encountered for each objective.

The table below depicts revisions to objectives from the September 29, 2020 review. Strikethrough indicates deleted text and underline indicates added text.

September 29, 2020 Revisions		
Objective Number	Revisions to Objective	Rationale for Revisions
<u>3.6</u>	<u>By December 31, 2020, increase the number of staff trained in contact tracing from 2.1% (1/2020) to 20%.</u>	Need to increase capacity for Covid19 outbreak investigations in St. Lucie County
<u>2.2</u>	<u>2.2.2 By December 31, 2021 reduce the incidence of new HIV positive diagnoses by 20% from 22 per 100,000 (2017) to 17.6 per 100,000.</u>	Need to reduce incidence rate further by

		20%, from 22 to 17.6. Previous target was 20.
<u>2.3</u>	<u>2.3.1 Increase the percentage of TB cases with a documented HIV test result from 86% (2017) to 100%.</u>	Need to increase to 100% TB case documentation of HIV test result. Previous target 90%
<u>2.3</u>	<u>2.3.2 By December 31, 2021, increase the percentage of sputum-smear positive TB patients that initiate treatment within 7 days of specimen collection from 86% (2016) to 100%.</u>	Need to increase target to 100%. Previous target 92%

Appendix G

Environmental Scan Resources

List all resources used for your environmental scan. Include the year of the report where appropriate and links whenever available. List them in a number format and alphabetize them. Use the existing resources below, adding and deleting as appropriate.

1. [Agency Strategic Plan, 2016-2020](#)
2. [Agency Quality Improvement Plan, 2018-2020](#)
3. Behavioral Risk Factor Surveillance System (BRFSS), 2016
4. FDOH-St. Lucie County Community Health Assessment, 2019
5. FDOH-St. Lucie County Community Health Improvement Plan, 2019
6. FDOH-St. Lucie County Quality Improvement Plan, 2019
7. FDOH-St. Lucie County Workforce Development Plan, 2019
7. Employee Satisfaction Survey 2015
8. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
9. [Florida Department of Health Long Range Program Plan, Fiscal Years 2019-2023](#)
10. [Florida Department of Health Workforce Development Plan](#)
11. [Florida State Health Improvement Plan, 2017-2021](#)
12. Florida Pregnancy Risk Assessment Monitoring System Trend Report, 2017
13. [Florida Strategic Plan for Economic Development, 2018-2023](#)
14. Florida Vital Statistics Annual Report, 2017

